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Background.— As patients with multiple sclerosis present with a wide variety of symptoms and different doctors and other healthcare providers are involved in their care, a multidisciplinary approach is recommended.
Methods.— A national internet-based survey administered by healthcare networks and patient associations was carried out between May and August 2011. The questionnaire consisted of 3 separate parts: socio-demographic data and medical care, ongoing treatments and other healthcare services utilized by patients.
Results.— Six hundred and two patients (mean age 42.9 ± 10.8 years, mean time since onset of the disease 11.8 ± 8.7 years) completed the questionnaire. The neurologist (94%) and GP (92%) are the healthcare providers most often seen by the patients. Patients rarely consult a psychiatrist (13%) or psychologist (17%) 14% of patients consult physical medicine and rehabilitation doctor and 46% see a physiotherapist (P.T.).
Discussion.— While a multidisciplinary approach is recommended for MS (Freeman, 2012), few studies have explored what such an approach consists of in practical terms. The neurologist and GP are the healthcare providers patients see first. While a multidisciplinary approach is recommended for patients and is considered to have a positive impact on both functional capacity and quality of life, it still appears to be insufficiently utilized.

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Describing availability and characteristics of physical therapy in multiple sclerosis across Europe: A qualitative study

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Background.— Provision and practice of physical therapy differ among countries. The aim of this study is to document organisational and non-clinical aspects of physical therapy in multiple sclerosis across Europe.
Methods.— A European multi-staged online web questionnaire survey was developed to investigate provision, practice and knowledge of physical therapy in MS. Experts in MS rehabilitation from 28 European countries, completed the online web questionnaire between May 2012 and January 2013.
Results.— Physical therapy of multiple sclerosis in Europe is organized on primary, secondary and tertiary levels of health care systems. In most countries, multi/inter-disciplinary rehabilitation care is only rarely provided and is not disseminated across the country, with only a few specialized centres of rehabilitation providing this approach to patient management. There is still no common threshold level in Europe designating the point at which rehabilitation services are recommended. Physical therapists are very often involved in planning of overall treatment as members of multidisciplinary teams. In most countries, it is required to remain registered with the Health Professions Council/Ministry of Health to work as an independent physical therapist, but availability of specific systematic education is still largely missing.
Conclusion.— This study revealed large differences between European countries in the provision and practice of physical therapy in MS. The next stage of the survey will provide a more detailed description of examination and approaches of physical therapy in Multiple Sclerosis across Europe based on quantitative data.

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Posters

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Ericksonian hypnosis and multiple sclerosis: Pilot study on hand functionality



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Keywords: Ericksonian hypnosis; Multiple sclerosis; Hand skills; Activities Daily Life (ADL)

Background.— The present study was performed to evaluate the efficacy of Ericksonian hypnosis in Multiple Sclerosis patients' upper limb strength, coordination, sensibility, pain and daily life activities.
Methods.— A pilot prospective single blind study was designed with a convenience sample of two patients with Multiple Sclerosis recruited from ADEMM. A man aged 48 (Primary Progressive) and a woman aged 45 (Relapsing Remitting). Outcome measures were assessed immediately before hypnotherapy and immediately after it so hypnosis was the only factor interacting over the patients, and 40 days after it. Strength in upper limb was assessed with a dynamometer; Purdue's Test was used to assess coordination in upper limb; sensibility was assessed through clinical examination and Activities Daily Life (ADL) were assessed using Jebsen Test. An algometer was used to assess pain before and after hypnotherapy. Evaluator did not know either if the patients had received treatment nor what kind of treatment.
Results.— There was a significant improvement in all the outcome measures after Ericksonian Hypnosis.
Discussion.— The preliminary results of our study demonstrated the effectiveness of Ericksonian hypnosis in the study group at short term. Further long-term studies with larger samples are required.

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Effect of aerobic and resistance exercise training in multiple sclerosis patients

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Keywords: Multiple sclerosis; Aerobic exercise; Resistance training; Associative structures
Background.— It has been showed that endurance exercise training may improve quality of life in multiple sclerosis patients by decreasing fatigue and enhancing exercise capacity (Cochrane, 2011). Most of these study have used either aerobic or resistance exercise training while little have associated both exercise modalities. Moreover these training programs were realized in conventional structure.
Objective.— The objective of our study was to use a novel approach of exercise based on aerobic and resistance training and realized in associative structure.
Methods.— Seven multiple sclerosis patients with an EDSS < 6 are included in our study and 4 have already finished the exercise trained programs. Aerobic and strength capacity were evaluated by incremental exercise with maximal oxygen consumption, and isokinetics before and after 8 weeks of exercise training.
Results.— Our preliminary results in 4 patients showed an improvement in muscle strength and quality of life. Muscle strength increased by 10% in both legs in all patients while aerobic capacity tended to be higher in 3 patients.
Conclusion.— The effect of a program of exercise training based on aerobic and resistance are encouraging in multiple sclerosis patients. These patients mentioned an increase in quality of life partly due to the practice in association.

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Contribution of the adapted physical activities for the improvement of the quality

